

Boston Scientific Corporation

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### 510(k) Summary for Surgical Mesh

#### A. Sponsor

Boston Scientific Corporation  
Urology and Gynecology Division  
100 Boston Scientific Way  
Marlborough, MA 01752

#### B. Contact

Janet A. McGrath  
Principal Specialist Global Regulatory Affairs  
508-683-4726  
or  
Donna Gardner  
Director, Regulatory Affairs  
508-683-4398

#### C. Device Name

Tradename: Obtryx™ System (Halo or Curved) and Prefyx PPS™ System  
Common/usual name: Surgical Mesh  
Classification Name: OTN – Mesh, Surgical, Polymeric  
21 CFR 878.3300, Class II

#### D. Predicate Device(s)

Tradename:	Advantage™, Advantage Fit™ System & Lynx™ Systems
Common/usual name:	Surgical Mesh
Classification Name:	OTN- Mesh, Surgical, Polymeric 21 CFR 878.3300, Class II
Premarket Notification:	Boston Scientific Corporation, ▪ K020110

#### E. Device Description

The proposed sling is a sterile, single use device, consisting of a synthetic mesh sling assembly and packaged with a delivery device. The mesh assembly consists of a knitted polypropylene monofilament fiber mesh body implant, dilators with association loops, mesh sleeve and center tab.

Addition of documentation for Special 510(k) K040787  
Surgical Mesh  
April 11, 2013

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#### Accessories

The proposed sling is packaged with other legally marketed accessories (e.g., Delivery Device; Class I exempt: 876.4730 Manual gastroenterology-urology surgical instrument and accessories).

Two (2) delivery devices (Halo or Curved) are used in conjunction with the mesh assembly to place the mesh implant. Each of the delivery devices consist of a polymer handle and a stainless steel needle which extends from the handle. The tip of the needle has a slot which is used to attach the association loop of the mesh assembly

#### **F. Intended Use**

The mesh implant is intended for use as a suburethral sling for the treatment of stress urinary incontinence resulting from urethral hypermobility and/or intrinsic sphincter deficiency.

#### **G. Technological Characteristics**

The intended use and the materials of the surgical mesh are identical to the predicate device.

#### **H. Substantial Equivalence**

Utilizing FDA's Guidance for Industry and FDA Staff "Format for Traditional and Abbreviated 510(k)s" and "Guidance for the Preparation of a Premarket Notification Application for a Surgical Mesh", a direct comparison of key characteristics demonstrates that the proposed sling is substantially equivalent to the predicate sling in terms of intended use, technological characteristics, and performance characteristics tested. The proposed sling is as safe, as effective, and performs as well as the predicate devices.

#### **I. Non-Clinical Testing**

The surgical mesh is identical to currently marketed surgical mesh in terms of performance characteristics, biocompatibility, and intended use. Therefore, testing was not required to be repeated on the surgical mesh.

#### **Conclusion:**

Based on testing results of the material, biocompatibility, bench testing, and the proposed device labeling, the device is substantially equivalent to the identified predicate device in terms of intended use, previously classified under 21 CFR 878.3300 as Class II, mesh surgical, polymeric, in terms of intended use and therefore do not adversely effect safety and effectiveness.



Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Center – WO66-G609  
Silver Spring, MD 20993-0002

September 13, 2013

Boston Scientific Corporation  
Urology and Gynecology Division  
% Janet A. McGrath  
Regulatory Affairs Specialist  
One Boston Scientific Place  
Natick, MA 01760

Re: K040787  
Trade/Device Name: Obtryx™ System (Halo or Curved) and Prefyx PPS™ System  
Regulation Number: 21 CFR§ 878.3300  
Regulation Name: Surgical mesh  
Regulatory Class: II  
Product Code: OTN  
Dated (Date on orig SE ltr): March 24, 2004  
Received (Date on orig SE ltr): April 1, 2004

Dear Janet A. McGrath,

This letter corrects our substantially equivalent letter of April 14, 2004.

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638 2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

**Herbert P. Lerner -S**

for

Benjamin R. Fisher, Ph.D.

Director

Division of Reproductive, Gastro-Renal,  
and Urological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

**Indications for Use Statement**

**510(k) Number (if Known):** K040787

**Device Name:** Obtryx™ System (Halo or Curved) and Prefyx PPS™ System

**Indications For Use:**

The mesh implant is intended for use as a suburethral sling for the treatment of stress urinary incontinence resulting from urethral hypermobility and/or intrinsic sphincter deficiency.

Prescription Use   X    
(21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use \_\_\_\_\_  
(21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE  
IF NEEDED)

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Herbert P. Lerner -S